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Bib Data Sheet

CONFIRMATION NO. 3821

| | | | | |
|------------------------------------|-------------------------------------------------|---------------------|-------------------------------|-------------------------------------------|
| SERIAL NUMBER 09/880,103 | FILING DATE 06/14/2001 RULE | CLASS 375 | GROUP ART UNIT 2631 | ATTORNEY DOCKET NO. 05193.00009 |
|------------------------------------|-------------------------------------------------|---------------------|-------------------------------|-------------------------------------------|

APPLICANTS

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Ariel Goldfarb, Tel Mond, ISRAEL;
Yossi Gal, Rockville, MD;

**** CONTINUING DATA ******* *Yes* *AY*
THIS APPLICATION IS A CIP OF 09/274,953 03/23/1999
AND CLAIMS BENEFIT OF 60/211,528 06/15/2000

**** FOREIGN APPLICATIONS ******* *None* *AY*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/13/2001

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY ISRAEL | SHEETS DRAWING 5 | TOTAL CLAIMS 41 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature <i>AWD</i> Initials <i>AY</i> | | | | |

ADDRESS

22907

TITLE

Satellite communication card

FILING FEE RECEIVED
1332

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

| |
|----------------------------------------------------------------|
| <input type="checkbox"/> All Fees |
| <input type="checkbox"/> 1.16 Fees (Filing) |
| <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| <input type="checkbox"/> 1.18 Fees (Issue) |
| <input type="checkbox"/> Other _____ |